



# EXHIBIT 9

**BALLOT****PLEASE COMPLETE THE FOLLOWING:**

SEATON INSURANCE COMPANY DRINKER BIDDLE & REATH LLP DAVID P PRIMACK 1100 N MARKET ST, STE 1000 WILMINGTON, DE 19801-1254	<i>In re W. R. Grace &amp; Co., et al.</i> Case No. 01-01139 (JFK)  Class 6 Asbestos PI Claims (Indirect PI Trust Claims)
Please read the instructions accompanying this Ballot before completing the Ballot. Print Clearly.	
Item 1. <b>PRINCIPAL AMOUNT OF INDIRECT PI TRUST CLAIM.</b> Amount of your claim for voting purposes only: <u>\$1.00</u> .	
Item 2. <b>VOTE ON THE PLAN.</b> The undersigned Holder of the Indirect PI Trust Claim in the amount set forth in Item 1 hereby votes <u>all</u> of its Claim to (check one box only):	
<input type="checkbox"/>	ACCEPT the Plan 
<input type="checkbox"/>	REJECT the Plan 
Please note: If you vote to accept the Plan, you will be deemed to have given the specific releases set forth in Section 8.8.7 of the Plan.	
Item 3. <b>TELEPHONE NUMBER / AUTHORIZATION</b>	
Telephone Number:	
Name of Signatory (if different from claimant):	
If by Authorized Agent, Title or Agent:	
Item 4. <b>ACKNOWLEDGEMENTS AND CERTIFICATIONS.</b> By signing and returning this Ballot, you make the following acknowledgements and certifications:	
(i)	I have been provided with a copy of the Plan, the Disclosure Statement, the Exhibit Book, the Voting Procedures, and the exhibits thereto; and
(ii)	I was the Holder of an Indirect PI Trust Claim, as defined in the Plan, as of the Voting Record Date or I have the authority, under applicable law, to vote to accept or reject the Plan on behalf of a Holder of an Indirect PI Trust Claim as of the Voting Record Date.
Item 5. <b>SIGNATURE AND DATE:</b>	
Signature of Claimant or Authorized Agent	Date
Item 6. <b>ADDRESS CORRECTIONS, IF ANY (PRINT CLEARLY)</b>	
Name	
Address 1	
Address 2	
City, State and ZIP Code (US)	